

**Officeholder and Candidate
Campaign Statement –
Short Form**

(4) DC

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2024 AUG -2 PM 1:07
CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BARTAZAR Fedalizo

STREET ADDRESS
Los Angeles, CA

STATE ZIP CODE
Los Angeles, CA 90062

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
888-278-5152 B.Fedalizo@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Los Angeles Community College Assistant

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County 1

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

using the calendar year and that I have used id correct.

Executed on 2 Aug 2024 DATE

By _____
OFFICER OR CANDIDATE